

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
 (FOR USE WITH FORM PTO-875)

SERIAL NO. **107070622** FILING DATE _____

APPLICANT(S) _____

CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
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TOTAL IND.	1		1			
TOTAL DEP.	11		10			
TOTAL CLAIMS	12		11			
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